SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Relser Anne (Last) (First) (Middle) RESMED INC. 9001 SPECTRUM CENTER BLVD	2. Date of Event Requiring Statement (Month/Day/Ye 03/12/2012	3. Issuer Name and Ticker or Trading RESMED INC [RMD] 4. Relationship of Reporting Person(s (Check all applicable) Director X Officer (give title below) President - ResMed	s) to Issuer 10% Owner Other (speci below)	(M 6.	onth/Day/Year) Individual or Joint/ plicable Line) X Form filed b	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting
(Street) SAN DIEGO CA 92123 (City) (State) (Zip)	_			Person		
	Table I - Non-Der	vative Securities Beneficially	Owned			
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct Indirect (I) (In	(D) or 5)	ture of Indirect Beneficial Ownership (Instr	
ResMed Common Stock		3,148.705	D			
	Table II - Deriv	· · · · · · · · · · · · · · · · · · ·	wheel			
1. Title of Derivative Security (Instr. 4)		tive Securities Beneficially Ov rrants, options, convertible se	ecurities)	4. Conversion or Exercise	e (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	(e.g., puts, calls, was 2. Date Exercisable Expiration Date	tive Securities Beneficially Ov rrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4)	ecurities)	Conversion	Form: Direct	Beneficial Ownership
1. Title of Derivative Security (Instr. 4)	(e.g., puts, calls, was calls, was calls, was calls, was calls, was called a constrained of the call o	tive Securities Beneficially Ov rrrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion	Amount or Number	Conversion or Exercise Price of Derivative	Form: Direct (D) or Indirect (I)	Beneficial Ownership
1. Title of Derivative Security (Instr. 4) Non-Qualified Stock Options	(e.g., puts, calls, wa 2. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Date Expira	tive Securities Beneficially Ov rrrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title ResMed Common Stock	Amount or Number of Shares	Conversion or Exercise Price of Derivative Security	Form: Direct (D) or Indirect (I) (Instr. 5)	Beneficial Ownership
1. Title of Derivative Security (Instr. 4) Non-Qualified Stock Options Non-Qualified Stock Options	(e.g., puts, calls, wa 2. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Date 02/23/2010 02/23/	tive Securities Beneficially Ov rrrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title 1016 ResMed Common Stock 1013 ResMed Common Stock	Amount or Number of Shares	Conversion or Exercise Price of Derivative Security 20.355	Form: Direct (D) or Indirect (I) (Instr. 5)	Beneficial Ownership
1. Title of Derivative Security (Instr. 4) Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options	(e.g., puts, calls, was 2. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Date 02/23/2010 02/23/ 11/24/2010 11/24/	tive Securities Beneficially Ov rrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title 1016 ResMed Common Stock 1013 ResMed Common Stock 1014 ResMed Common Stock	Amount or Number of Shares 6,400 10,000	Conversion or Exercise Price of Derivative Security 20.355 24.57	Form: Direct (D) or Indirect (I) (Instr. 5)	Beneficial Ownership
1. Title of Derivative Security (Instr. 4) Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options	Date Expiration Date 11/24/2010 11/24/ 11/27/2011 11/27/	tive Securities Beneficially Ov rrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title 016 ResMed Common Stock 013 ResMed Common Stock 014 ResMed Common Stock 015 ResMed Common Stock	Amount or Number of Shares 6,400 10,000 30,000	Conversion or Exercise Price of Derivative Security 20.355 24.57 22.535	Form: Direct (D) or Indirect (I) (Instr. 5) D D D D	Beneficial Ownership
1. Title of Derivative Security (Instr. 4) Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options Non-Qualified Stock Options	(e.g., puts, calls, wa 2. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable 02/23/2010 02/23/ 11/24/2010 11/24/ 11/27/2011 11/27/ 02/26/2012 02/26/	tive Securities Beneficially Ov rrrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title 1016 ResMed Common Stock 1013 ResMed Common Stock 1014 ResMed Common Stock 1015 ResMed Common Stock 1015 ResMed Common Stock	Amount or Number of Shares 6,400 10,000 30,000 10,000	Conversion or Exercise Price of Derivative Security 20.355 24.57 22.535 20.8	Form: Direct (D) or Indirect (I) (Instr. 5) D D D D D	Beneficial Ownership
	Date Expiration Date 11/24/2010 11/24/ 02/26/2012 02/26/ 11/24/2012 11/24/	tive Securities Beneficially Ov rrants, options, convertible se and 3. Title and Amount of Securities Derivative Security (Instr. 4) tion Title 016 ResMed Common Stock 013 ResMed Common Stock 014 ResMed Common Stock 015 ResMed Common Stock 015 ResMed Common Stock	Amount or Number of Shares 6,400 10,000 30,000 10,000 34,000	Conversion or Exercise Price of Derivative Security 20.355 24.57 22.535 20.8 17.3	Form: Direct (D) or Indirect (I) (Instr. 5) D D D D D D D D D	Beneficial Ownership

Explanation of Responses:

1. Restricted Stock Units do not have an expiration date.

Anne Reiser, President-ResMed

03/20/2012

** Signature of Reporting Person

Europe

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

OMB APPROVAL

Remarks: